

Appendix B  
**Clemson University Facility Use Request Form**

CUSTOMER CONTACT INFORMATION									
Sponsoring Department/Organization/Company									
Contact Person					Advisor Name (If applicable)				
Mailing Address				City			State		Zip Code
E-mail Address				Phone #			Fax #		
EVENT INFORMATION									
Event Name/Description									
Event Date(s)			Event Start Time		Event End Time		Access to Facility		Sound Check Time
			AM / PM		AM / PM		AM / PM		AM / PM
Attendants Include (select all that apply)				Estimated Attendance			Tickets/Admission Charged		
<input type="checkbox"/> CU Students	<input type="checkbox"/> CU Faculty/Staff		<input type="checkbox"/> Other				<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Catering <b><i>*Aramark is the only approved catering for these facilities and must be contacted directly by you</i></b>				Linens <b><i>*Aramark must be contacted directly by you to request linen service</i></b>			Sales and Solicitation		
<input type="checkbox"/> No	<input type="checkbox"/> Yes →	<input type="checkbox"/> Break (allow 30 min set-up /breakdown time)		<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes → you are responsible for obtaining and following the <i>Clemson University Sales and Solicitation Policy</i>	
		<input type="checkbox"/> Buffet (allow 2 hr set-up/breakdown time)		Alcohol: Will alcohol be served?					
		<input type="checkbox"/> Plated (allow 3 hr set-up/breakdown time)		<input type="checkbox"/> No	<input type="checkbox"/> Yes → you are responsible for obtaining and following the <i>Registration for Event with Alcohol Form</i>				
FACILITY INFORMATION									
1 <sup>st</sup> Choice		2 <sup>nd</sup> Choice			3 <sup>rd</sup> Choice				
See Attachment A for facility names and contact information. Questions regarding Technical Services or set-up should be directed to the contact person for the particular facility you are using.									
SET-UP INFORMATION (Not all services available at every facility. Please check with desired facility on services offered.)									
<input type="checkbox"/> Chairs Qty:		<input type="checkbox"/> 6' Tables Qty:		<input type="checkbox"/> 8' Tables Qty:		<input type="checkbox"/> Round Table Qty:		<input type="checkbox"/> Seminar Tables Qty:	
<input type="checkbox"/> TV/VCR/DVD Qty:		<input type="checkbox"/> LCD Projector Qty:		<input type="checkbox"/> Slide Projector Qty:		<input type="checkbox"/> Easels Qty:		<input type="checkbox"/> Overhead Projector Qty:	
<input type="checkbox"/> Screen Qty:		<input type="checkbox"/> Microphone Qty:		<input type="checkbox"/> Floor Lectern Qty:		<input type="checkbox"/> Table Lectern Qty:		<input type="checkbox"/> Piano (Brooks Center/Tillman only) Qty:	
<input type="checkbox"/> Flip Chart Qty:		<input type="checkbox"/> Dry/Erase Board Qty:		<input type="checkbox"/> Plants Qty:		<input type="checkbox"/> Phone Line Qty:		<input type="checkbox"/> AV Chart Qty:	
<input type="checkbox"/> Small Dance Floor (HSC only) Qty:			<input type="checkbox"/> Large Dance Floor (HSC only) Qty:			<input type="checkbox"/> 4'x8' Stage Deck (HSC only) Qty:			
<input type="checkbox"/> 35mm Movie (McKissick only) Qty:			<input type="checkbox"/> Dressing Rm (Brooks Ctr/Tillman only) Qty:			<input type="checkbox"/> Video (Tillman/McKissick only) Qty:			
<input type="checkbox"/> Snow Fence (Union Courtyard only) Qty:		<input type="checkbox"/> Portable PA Qty:		<input type="checkbox"/> Internet Line Qty:		<input type="checkbox"/> Music Sound System Qty:		<input type="checkbox"/> Spotlight (Brooks Center/Tillman only) Qty:	
<input type="checkbox"/> Other Qty:									
Additional Notes:									
ATTACHMENTS / SIGNATURES									
1. ALCOHOL: Do you plan to serve alcohol at this event?									
If alcohol will be served, you must also complete the <i>Registration for Event with Alcohol Form</i> and obtain all necessary signatures at least 14 days prior to the scheduled date of the event.									
2. CUPD: Attach the <i>Security Request for Events Form</i> if your event									
a) is open to the public			b) charges admissions			c) is expecting more than 200 people		d) extends building hours	
3. Signature of Authorized Designee for the Facility (required for all events):							Date:		
<b>I CERTIFY THAT I HAVE READ THE ENTIRE CLEMSON UNIVERSITY FACILITY USE POLICY AS WELL AS ANY OTHER REQUIREMENTS FOR THE PARTICULAR FACILITY I AM RESERVING AND ASSUME RESPONSIBILITY FOR MY ORGANIZATION WHILE USING THE FACILITY.</b>									
4. Customer Signature:							Date:		
<b>This reservation is not final until all necessary signatures are obtained. PLEASE NOTE THAT SOME FACILITIES HAVE SEPARATE FORMS/CONTRACTS THAT MUST ALSO BE COMPLETED IN ORDER TO FINALIZE RESERVATION. CHECK WITH THE CONTACT LISTED IN APPENDIX A OF FACILITY USE POLICY</b>									